



THE STATE BAR
OF CALIFORNIA

OFFICE OF THE CHIEF TRIAL COUNSEL
ENFORCEMENT

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**STATE BAR OF CALIFORNIA
ETHICS/CLIENT TRUST ACCOUNT (CTA) SCHOOL
APPLICATION ENROLLMENT FORM**

1149 So Hill Street
Los Angeles

180 Howard Street
San Francisco

Date: _____

APPLICANT'S NAME: _____ SBN: _____

APPLICANT'S ADDRESS: _____

CITY, ZIP: _____

PHONE: _____ FAX: _____

ETHICS (\$150) DATE OF CLASS: _____ LOCATION: LA OR SF (_____)

CTA (\$100) DATE OF CLASS: _____ LOCATION: LA OR SF (_____)

Return completed Application Enrollment Form with personal check, money order or cashier's check made payable to the State Bar of California, 1149 S. Hill Street, Los Angeles, CA 90015, Attention: Paula Gavaldon. Upon receipt of your application, a confirming reservation letter will be mailed to you. If you have any questions, we can be reached at (213) 765-1287 or by FAX (213) 765-1318.

Please complete the following information:

_____ Decision after Hearing
_____ Stipulated Disposition
_____ Agreement in Lieu of Discipline
_____ Voluntary/Agreement with Deputy Trial Counsel
_____ Bar Applicant
_____ Volunteer/No Complaints